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## FORM 8. Entry of Appearance

## UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

In re: Webb

No. <u>14-1652</u>

ENTRY OF APPEARANCE	
appellants should read parag	should refer to Federal Circuit Rule 47.3. Pro se petitioners and raphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. within 14 days of the date of docketing and serve a copy of it on the arty.)
Please enter my appearance	(select one):
Pro Se	As counsel for: Derek J. Webb  Name of party
I am, or the party I represent	is (select one):
Petitioner Appellant	Respondent Amicus curiae Cross Appellant Appellee Intervenor
11	or, this party supports (select one):
Petitioner or ap	
My address and telephone ar	
Name:	Robert A. Rowan
Law firm:	Nixon & Vanderhye P.C.
Address:	901 North Glebe Road
City, State and ZIP:	Arlington, VA 22203
Telephone:	703-816-4000
Fax #:	703-816-4100
E-mail address:	rar@nixonvan.com
Statement to be completed by	•
for the party. I agree served upon me.	ipal attorney for this party in this case and will accept all service to inform all other counsel in this case of the matters
	g as the principal attorney who will/will not Government attorneys only.]
I am not the p	rincipal attorney for this party in this case.
Date admitted to Federal Cir	cuit bar (counsel only): March 15, 1985
This is my first appearance b (counsel only):	before the United States Court of Appeals for the Federal Circuit
Yes ✓ N	0
A courtroom accessible	e to the handicapped is required if oral argument is scheduled.
August 4, 2014	/s/ Robert A. Rowan
Date	Signature of pro se or counsel
	Signature of bro so of commer
cc:	

Form 8

Form 30

## FORM 30. Certificate of Service

## UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT **CERTIFICATE OF SERVICE** 8/4/2014 I certify that I served a copy on counsel of record on by: **I** US mail ☐ Fax ☐ Hand ☐ Electronic Means (by email or CM/ECF) Michael E. Crawford /s/ Michael E. Crawford Name of Counsel Signature of Counsel Nixon & Vanderhye P.C. Law Firm 901 N. Glebe Road Address Arlington, VA 22203 City, State, ZIP 703-816-4000 Telephone Number 703-816-4100 FAX Number mec@nixonvan.com E-mail Address NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an "/s/" and typed in the space where the signature would otherwise appear.

Graphic and other electronic signatures are discouraged.